

ISSUE STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | MW | | 06-29-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | AK | 535 | 07-24-01 |
| RESPONSE FORMALITY REVIEW | mp | 1030 | 11-16-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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804
 07/25
 861
 11-17-1